

**DEPARTMENT OF MEDICAL ASSISTANCE SERVICES  
SCHOOL DIVISION MEDICAID PROVIDERS  
CODES, MODIFIERS AND RATES**

DMAS has estimated interim therapy rates for each school division for which it had sufficient data. Contact Michael Lupien at DMAS (804-786-3673) for these estimates. School divisions may calculate their own interim therapy rates based on their own cost data. In the absence of specific interim rates for a school division, information on the maximum rate, the statewide median rate and the statewide low range of rates for therapy services is provided in Table 1 for guidance. For psychological and nursing procedures, DMAS estimates that current rates will be close to actual costs for school divisions. Therefore, schools may choose to bill existing rates for psychological and nursing procedures as seen in Table 2 and 3.

Schools are reimbursed the federal share of the billed rates (currently 50% for Medicaid and 65% for Medicaid expansion and FAMIS).

**TABLE 1  
SCHOOL REHABILITATION SERVICES**

<b>SERVICE DESCRIPTION</b>	<b>CODE</b>	<b>MAXIMUM RATES *</b>	<b>MEDIAN RATES</b>	<b>LOW RATES</b>
Physical Therapy Evaluation	97001	\$115.32	\$57.83	\$47.13
Physical Therapy Individual visit	97110	\$95.91	\$57.83	\$47.13
Physical Therapy Group visit	97150	\$31.91	\$19.23	\$15.55
Occupational Therapy- Evaluation	97003	\$115.32	\$57.83	\$47.13
Occupational Therapy Individual visit	97530	\$95.91	\$57.83	\$47.13
Occupational Therapy Group visit	S9129	\$31.91	\$19.23	\$15.55
Speech Therapy Evaluation	92506	\$115.32	\$57.83	\$47.13
Speech Therapy Individual visit	92507	\$95.91	\$57.83	\$47.13
Speech Therapy Group visit	92508	\$31.91	\$19.23	\$15.55

\*All codes are subject to rate changes and service limitations. Rates are current as of July 1, 2006.

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**TABLE 2  
PSYCHOLOGICAL SERVICES**

<b>CODE</b>	<b>PROCEDURE DESCRIPTION (ONE UNIT IS PER VISIT UNLESS OTHERWISE NOTED.)</b>	<b>RATES*</b>
90801	Psychiatric diagnostic interview examination	102.75
90802	Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication	109.13
90804	Individual psychotherapy, insight oriented behavior modifying and/or supportive in an office or outpatient facility approximately 20-30 minutes face-to-face with patient	44.11
90805	Individual psychotherapy, insight oriented behavior modifying and/or supportive in an office or outpatient facility approximately 20-30 minutes face-to-face with patient, with medical evaluation and management services	48.45
90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive in an office or outpatient facility, approximately 45-50 minutes face-to-face with patient	66.29
90807	Individual psychotherapy, insight oriented, behavior modifying and/or supportive in an office or outpatient facility, approximately 45-50 minutes face-to-face with patient, with medical evaluation and management services	70.63
90808	Individual psychotherapy, insight oriented, behavior modifying and/or supportive in an office or outpatient facility , approximately 75-80 minutes face-to-face with patient	99.93
90809	Individual psychotherapy, insight oriented, behavior modifying and/or supportive in an office or outpatient facility , approximately 75-80 minutes face-to-face with patient, with medical evaluation and management services	102.50
90810	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication in a office or outpatient facility, approximately 20-30 minutes face-to-face with patient	47.68

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90811	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication in a office or outpatient facility, approximately 20-30 minutes face-to-face with patient, with medical evaluation and management services	53.29
90812	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication in a office or outpatient facility, approximately 45-50 minutes face-to-face with patient	71.39
90813	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication in a office or outpatient facility, approximately 45-50 minutes face-to-face with patient, with medical evaluation and management services	75.22
90814	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication in a office or outpatient facility, approximately 75-80 minutes face-to-face with patient	103.52
90815	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication in a office or outpatient facility, approximately 75-80 minutes face-to-face with patient, with medical evaluation and management services	106.58
90845	Psychoanalysis	61.45
90846	Family Psychotherapy (without the patient present)	64.25
90847	Family Psychotherapy (conjoint Psychotherapy with patient present)	78.53
90853	Group Psychotherapy (Other than of a Multiple Family Group)	21.67
90857	Interactive Group Psychotherapy	23.71
90885 Non covered service beginning 1/1/07	Psychiatric evaluation of Hospital Records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes	34.68

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<b>CODE</b>	<b>PROCEDURE DESCRIPTION (ONE UNIT IS PER VISIT UNLESS OTHERWISE NOTED.)</b>	<b>RATES*</b>
96101	Psychological testing, per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report.	65.27
96102	Psychological testing with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	29.83
96103	Psychological testing administered by a computer, with qualified health care professional interpretation and report.	18.87
96116	Neurobehavioral status exam, per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report.	73.18
96118	Neuropsychological testing, per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report.	87.46
96119	Neuropsychological testing, with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	44.62
96120	Neuropsychological testing administered by a computer, with qualified health care professional interpretation and report	32.38

<b>MODIFIERS FOR SCHOOL SERVICES AND PSYCHIATRIC/PSYCHOLOGICAL CODES. MODIFIERS MUST BE USED WITH CPT CODE.</b>	
<b>EFFECTIVE JANUARY 1, 2004</b>	<b>RATES OF REIMBURSEMENT</b>
<b>U6</b> = Psychiatrist or Physician	100%
<b>AH</b> = Licensed Clinical Psychologist	90% of modifier "U6" rate
<b>AJ</b> = Licensed School Psychologist Licensed School Psychologist-Limited	75% of modifier "AH" rate

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**TABLE 3  
SKILLED NURSING SERVICES**

SERVICE DESCRIPTION	NATIONAL PROCEDURE CODE	UNIT	SERVICE LIMITS	REIMBURSEMENT RATES
Skilled Nursing Assessment/Evaluation	T1001	15 minutes or less	4 units per assessment, Two assessments per year	\$9.00/UNIT
RN Services	T1002	15 minutes or less		\$9.00/UNIT
LPN	T1003	15 minutes or less		\$9.00/UNIT

**EPSDT Codes for School Health Clinics  
(Schools Health Clinics get 100% rate reimbursement for EPSDT services.)**

Procedure Code	
99381	92551
99382	99201
99383	99202
99384	99203
99385	99204
99391	99205
99392	99211
99393	99212
99394	99213
99395	99214
99173	99215

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